

Please type a plus sign (+) inside this box -> +

DECLARATION FOR UTILITY OR

390086.94529

Josef P. Debbins

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

I DESIGN			That Named III ventor						
PATENT APPLICATION			COMPLETE IF KNOWN						
(37 CFR 1.63)		Application Nu	mber 0	9 / 721,2	:33				
•	,		Filing Date	Novem	ber 22, 2000				
Declaration Submitted OR	Declaration Submitted after Initial Filing (surcharge	Group Art Unit							
with Initial Filing	(37 CFR 1.16 required)		Examiner Nam	е					
As a below named inventor, I hereby declare that:									
My residence, mailing address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
APPLICATION DEVELOPMENT SYSTEM FOR A MEDICAL IMAGING SYSTEM									
the enceification of which	(Title of the Invention)								
the specification of which is attached hereto									
is attached hereto as United States Application Number or PCT International									
✓ was filed on (MM/DD/YYYY) 11/22/00									
Application Number 09/721,233 and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Fo	oreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	y Attached? NO			
						H			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	Filin	g Date (Mi	M/DD/YYYY)	Additional and the second and the second					
				Additional provisional ap numbers are listed on a		JiicatiOH			
			ļ		supplemental priority data sheet PTO/SB/02B attached hereto.				

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

	Customer Nu r Bar Code I		8382		OR .	Coπespondence address below	
Name Barry E. Sammons							
Address Quarles & Brady, LLP							
411 East Wisconsin Avenue Address							
City Milwaukee			State WI		53202 ZIP		
USA Country				77.5705		414.271.3552 Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:							
Given Name Josef P. (first and middle [if any])			Family Name Debbins				
Inventor's Signature Date							
Residence: City Waukesha			State WI],	USA Country	Citizenship US	
Mailing Address 116 West Wabach Avenue Wabash							
Mailing Address							
City Waukesha	WI State		53186 ZIP		Country USA		
NAME OF SECOND INVENTOR:			A petition has been filed for this unsigned inventor				
Given Name Kristine L. (first and middle [if any])			Family Name Gould or Surname				
Inventor's Kw2 66w						Date 12 April 01	
Residence: City Delafield State		Country		Citizenship			
Mailing Address N8-W31314 Salem Court							
Mailing Address							
City Delafield	State WI		ZIP 53108		USA		
Additional inventors are being named on the1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							



Please type a plus sign (+) inside this box -

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname					
Paul E.				Licato				
Inventor's Karel Links				4/15/01 Date				
State WI		Country		US Citizenship				
Mailing Address 2602 North 82nd Street								
Mailing Address								
State WI		ZIP 53213 Country		y USA				
Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any]) Family Name or Surname								
Jason A. Polzin								
Inventor's Signature Com Por				Ч (≀ С o ≀ Date				
State WI	tate WI Country USA			Citizenship US				
Residence: City Lake Mills State WI Country USA Citizenship US Mailing Address 140 Franklin Street								
Mailing Address								
State WI		53551 ZIP	Country USA					
City Lake Mills State WI ZIP 53551 Country USA Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Surname					
Deepa				Thomas				
Inventor's Signature Date								
State WI		Country		India Citizenship				
Malling Address 118 Manchester Drive								
Mailing Address								
State WI		ZIP 53188		USA				
	State WI State WI	State WI State WI	State WI ZIP 53213 State WI ZIP 53213 The state WI ZIP 53551 The state WI ZIP Samily Name of the state with	State W Country USA Country				

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.